DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC #9 (0011423)

Address: 2617 HAANSTAD ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 05/22/2006

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096991 End Date: 05/19/2006 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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